

## Individual Plan of Care (IPC) Backdating Cover Sheet

**Program Type: (check one)**    ☐ **Home and Community-based Services (HCS)**    ☐ **Texas Home Living (TxHmL)**

**To/From:** Texas Department of Aging and Disability Services (DADS)  
Access and Intake, Utilization Management and Review, IDD Waivers Program Enrollment/Utilization Review (PE/UR)

**Mailing Address:**

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Austin, TX 78714-9030

Fax: 512-438-4249

**Physical Address:**

701 W. 51<sup>st</sup> Street Mail Code W-355  
Austin, TX 78751

Date

**From/To:**

**Provider Contact Information:**

Provider Name	Provider Contact
Fax Area Code and Telephone No.	Area Code and Telephone No.
Component Code	Contract No.

**LA Contact Information:**

LA Name	LA Contact
LA Fax Area Code and Telephone No.	LA Area Code and Telephone No.

**Individual Information:**

Individual Name (Last)	Individual Name (First)
CARE ID No.	Medicaid No.
Date IPC Entered	Requested IPC Begin Date

**Comments:**

**Note: Complete and include this form, along with both pages of the signed hard copy of the IPC.  
Check CARE screen C62 approximately 7 days after submission to verify backdating.**